



Newsletter

The DHHS Vision: Maine People Living Safe, Healthy and Productive Lives

April 2006

Volume 1, Issue 4

Leadership During Change

DHHS managers at the January 31st Manager's Forum were asked to list leadership qualities they would expect to see in the new Commissioner. The Managers identified the need to be a **visionary**; the ability to balance **compassion** and caring for staff with caring for customers, and **experience** in social services as leadership qualities. A good leader, according to the managers, would be someone who is **accountable** and able to effectively **respond** to critics as well as a solid **communicator** (both someone who is articulate and a good listener).

A true leader, they said, would need to be a **collaborator**, a systems **thinker**, an experienced **manager**, and someone able to **delegate** and demonstrate good common **sense**.

With leadership goes an **appreciation** of technology needs, political **savvy** and **backbone**; the ability to walk the talk, said the managers.

In a good leader, Managers noted it is essential to practice consistent **follow through**, act as a **values model**, and possess **integrity**, **conviction**, and a broad **knowledge** of DHHS services.

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DHHS Values

By Cheryl Ring

Why do we come to work every day? In the last newsletter, we invited people to consider our organization's vision as one of the reasons to come to work, i.e. to help Maine people live safe, healthy, and productive lives.

Of course, we also come to work every day for personal reasons. First, is to meet what could be called our "first-order" needs – to generate revenue with which to provide ourselves and families with food, shelter, and clothing.

However, in modern-day organizations, coming to work to meet basic needs is only a start. Nowadays, people come to work at their organizations to meet "higher-order" needs; i.e. self-actualization and self-

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Legislative/Policy Update

By Lucky Hollander, Director of Legislative Relations

Members of the Maine State Senate and House met mornings and afternoons until they left for April vacation. They will be back on April 25th. Committee work, however, is almost finished. Committees have voted on bills and they have either been passed into law by both houses of the legislature, or have been vote “ought not to pass,” and essentially “killed.”

Bills with a fiscal note attached are waiting to be debated by the Appropriations Committee. That Committee will either vote them “ought not to pass,” and they will essentially “die on the table” or they will be voted out of Appropriations and have one more chance for passage in both houses.

If they pass out of both the Senate and House, the Governor gives them the last chance for “life” by signing them, or he can also choose to veto a bill. That is rare, and while a Governor may opt to veto sometimes, the option is usually reserved for only the most serious matters.

I think a lot about the language we use in the legislature, and muse about why it has become linked so closely to life and death. For some issues addressed in legislation, it really is a matter of Maine citizens’ livelihood, health, or welfare. Other things do not rise to that level, but the language of the battlefield prevails.

In future issues I will summarize new legislation that affects our policy, practices, or impacts the lives of people we serve. Today, however, the most interesting legislative action still pending is the confirmation of Acting Commissioner Harvey.

Tuesday, April 25th, at 1 pm, a Public Hearing is planned for the confirmation in the Joint Standing Committee on Health and Human Services. Brenda has asked a few people to speak on her behalf, and then anyone from the public may speak if they wish. Typically a few individuals or

organizations may choose to tell the Committee why they support or oppose the nomination. While people may obviously oppose the nomination, there are usually few (if any) who rise in opposition. The Committee then votes to confirm the nomination, or not.

On Wednesday the 26th the Committee recommendation will go to the full Senate, and will pass if there is a majority vote in favor of passage. If confirmed, the process is done.

The confirmation, under the Constitution, does not go to the House of Representatives at all. Assuming the Senate confirms the nomination, the Governor will swear the new Commissioner in, with her immediate family and a few close friends in attendance. Because the swearing in is in the Governor’s office, the number of people is limited.

Next issue: What passed in this session that may affect your work in some way.



The Many Faces of Mainers

Time was - in Maine - when we were a lot less culturally diverse than we are right now. Before the Europeans arrived here, in the early 1600's, the languages of the Wabanaki people were heard in Maine. For a long time thereafter French and English were just about the only languages that filled the air in most of Maine's towns and cities. With time comes change and with change comes diversity.

These days, you might hear Mainers speaking Bulgarian in Portland, Czech on the streets of Waterville and Mandarin in shops and restaurants in Bangor. Right now, there are more than 100 Chinese speaking children enrolled in the Bangor school system. The needs of these new Mainers are pretty much

the same as those who came before them. Since it's our job at the Department of Health and Human Services to help Maine people live safe, healthy and productive lives, we want to make sure that we offer those services to everyone—whether they speak Somali, Hindi, Farsi, or Acholi.

Social workers will tell you that you can only serve people where they are. Many people who are new to Maine face barriers—barriers to employment, housing and services. Regardless of where you live in Maine, your ethnicity or language it's our job to be of help.

Acting Commissioner Brenda Harvey says: "I grew up in a part of Maine where most people spoke French. I know what it feels like to be treated differently because

—(See "Many Faces," next page →)

Office of Immigrant And Multicultural Affairs

New Office—New Director

Noël Bonam is the newly hired, first-ever Director of the DHHS Office of Immigrant and Multicultural Affairs (in the Greenlaw building on the east side campus in Augusta). Noël brings much to this role. He has a masters in Public Personnel Management and has several years of experience in multicultural organizational development. He also has worked in fields of suicide prevention (India and England) and public health (Canada and for the City of Portland, Maine). Noël grew up in India and has traveled and lived in other parts of the world. He brings a unique

perspective that is well informed by his travels. He hosts a public affairs radio program on 90.9 WMPG 104.1 called "Culture Matters." Noël is also a visual and a performing artist, working in the medium of pyrography (wood burning), as well as charcoal, watercolor, clay, and some acrylic. He moved to Maine 5 years ago and has found Maine people, in particular, to be genuinely committed to the well-being of their communities; he reports that he has "fallen in love" with Maine! Noël notes that the demographics in Maine are changing every day, with more ethnically and racially



Noël Bonam

diverse populations choosing to move here. In addition to serving

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(←Many Faces, continued from previous page)

you don't speak English as a first language. We need to reach out to people when it comes to the delivery of services. In one way or another, we've been doing this for years. What's changed is our demographics."

On March 10, 2006, the Department of Health and Human Services entered into a written Resolution Agreement with the US Department of Health and Human Services. The Resolution Agreement, as well as long-standing EEO laws, have a major impact on employment and on the way we deliver some services here at DHHS. The US Department of Health and Human Services has issued guidance regarding the obligation of recipients of federal funds to take reasonable steps to ensure that persons with limited English proficiency ("LEP") have meaningful access to programs and activities provided by or funded by the federal government.

The Resolution Agreement commits Maine DHHS to steps outlined in its Language Access policy www.maine.gov/dhhs/policies/ and requires department-wide training in language identification, use of interpreters and translation of certain vital documents as well as other measures. The Language Access Resolution Agreement Implementation Committee is working to learn more about language needs of our service population. Once this work has been completed, program managers will be contacted to identify the documents are to their program, and then the Department will begin to translate those documents.

Self-monitoring and testing will be required throughout the Department to ensure all staff understand and follow the requirements of the Language Access policy. If you have any questions or would like a copy of the Resolution Agreement, please contact Holly Pomelow, Noel Bonam, Luc Nya, or Meryl Troop.

(←Bonam, continued from previous page)

newcomers to Maine, Office of Immigrant and Multicultural Affairs staff will also reach out to people who have long been part of the fabric of Maine, such as Native Americans, African Americans and French Canadians. Noël's immediate goals, besides getting the new office up and running, are to:

1. Develop a good understanding of what activities are already underway throughout the state, and to understand better where the gaps are and what needs to be done to address these needs;
2. Build strategic partnerships with other groups, both within and outside of state government, such as grassroots coalitions and city governments; and
3. To create a strategic plan, in collaboration with state wide partners and stakeholders, for the office that is proactive, not simply reactive

Moving into the new office with Noël will be our current staffers, Luc Nya, Multicultural Coordinator, and Meryl Troop, who specializes in Deaf Services and Multicultural Diversity. These three, together with Lisa Sockabasin, Director of the DHHS Office of Minority Health, will work together to provide a comprehensive approach to the State's efforts in support of the multicultural communities in Maine.

(←Leadership, continued from front page)

Finally, a good leader should be able to develop a trusting relationship with the legislature; act as a stabilizing force who knows Maine culture and Maine people, is accessible and is someone who can clarify expectations and make sound decisions.

That's quite a list! But, the truth is, these qualities reflect not only those we want to see in our Commissioner, but also apply to every position within DHHS, since leadership is a key quality of every position within DHHS.

What actually determines a leader? Is it authority? Personality? Knowledge? You can probably think of people who effectively lead without position or authority. Why do they do it? They do it because leadership is an activity and a learned skill. It may be helpful to not think about "official" leaders with a title per se, but about those you know who exercise leadership. A side benefit of having asked DHHS Managers to define the

leadership qualities of a potential future Commissioner is now also having a more clearly described vision for DHHS leadership in general.

The decision to create a Department of Health and Human Services has resulted in tremendous continuous change. Staff at all levels of the organization are moving through a tough process of adapting to these changes. On the one hand, change, and the learning that goes with it, can be challenging and discomforting; on the other hand, some staff will experience change as exciting and renewing.

Acquiring knowledge or behaviors to handle emerging problems means seeing issues in new ways, possibly in ways that contradict past practices that you may hold dear, such as values or philosophical foundations, possibly feeling a loss of competence. This may require enduring sustained periods of disequilibrium.

This feeling of disequilibrium often creates the desire to

give problems to an authority figure, have someone else carry the load, provide the answers. It is important to remember that during adaptive change, it is not possible for the leaders to have all the answers. Adapting to change is continuous and requires innovation and creativity. If you are in authority and you are feeling the pressure to return quickly to equilibrium, then you are likely feeling the need of the group to have someone ride in with "the answers" and remove any discomfort.

The Good News—This state of disequilibrium that many experience while moving through transformative change, can present a critical opportunity to help improve the organization and self reflect. What part can you play in helping to move toward realizing the vision of "Maine people living safe, healthy, and productive lives"? One way may be to resist the pressure to "know all," or to rush back to

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equilibrium. It may indeed be more beneficial to sort through current and past practices and consciously decide what served “us” well in the past, what must be jettisoned, and what new, more fitting approaches can be adopted.

True leaders don’t develop followers, they develop other leaders. Leaders do best when they can share the burden of leadership with others who are able and willing to lead without “official” authority; to impart and encourage leadership in others on their team. This doesn’t mean asking staff to “work outside their job description”, it does mean asking staff to review the qualities identified by the DHHS managers, as noted previously, and to recognize and reward all staff who embody these qualities in their daily work.

Imagine the change in culture if staff at all levels in the new department understood better their own resistance to change and made some

critical positive adjustments. You are invited to ask, what is your investment in the change effort? In order to function optimally and be effective on the job and as a leader, you can choose to focus on your personal vision and goals, bring a sense of purpose to your work, try seeing things from different vantage points, engage in the change process rather than resist it, and use your job to help realize the shared vision. The choice is yours.



Furthermore...

Following our story last issue regarding Web Health Links, we heard from a staff person who noted that Stephen Barrett, credited with establishing a medical fraud website, is a controversial figure in the news, and is not a board certified MD.

April Quiz

1. Name the Guiding Principles reflected at the Direct Support Professionals’ Conference profiled on page 6 of the March issue.
2. How can you tell if a colleague is free for a meeting using Microsoft Outlook?
3. What is the DHHS Vision Statement?

The first five employees who answer the quiz correctly will see their names in this column in the next issue. E-mail your answers to dhhsnewsletter@maine.gov today!

Answers, March Quiz

1. There is no DHHS office in Jay.
2. Barbara Van BURGEL became Deputy Director of her Bureau in 1996.
3. Lucky Hollander’s title is Director, Legislative Relations
4. The USDA, Food and Nutrition Services is the Food Stamp oversight agency

Name This Newsletter

Thanks to all for suggesting names for our DHHS newsletter. The Commissioner has reviewed the submissions and endorsed the six that appear below. We'd like to have your opinion on which moniker should be chosen for our newsletter's "official" name. If you'd like to weigh in, please send an e-mail to dhhsnewsletter@maine.gov, with your choice in the subject line. The next newsletter will bear the proud title!

1. DHHS Decoder

2. DHHS Highlighter

3. DHHS In Focus

4. DHHS Insider

5. DHHS Leader

6. DHHS Pulse

Let's welcome a few brand new DHHS employees as well as a number of DHHS employees filling vacant positions within the agency. The following have made a new start at DHHS—welcome:



Kenneth Baldwin
Melissa Beaulieu
Sarah Bennett
Kim Borcheding
Maria Bowden
Kelley Bragg
Denise Brilliant
Shirley Brown

Brenda Callahan
Kellie Cameron
John Chandler
John B. Cloutier
Dana Ellsmore
Patricia Galouch
Robert Grant
Kerrie Lall
Jeffrey Leonard
Rosemary Lemay
Candace Libby
Anne Lunt

Michelle Neubauer
Crystal Malia
Brittany Payson
Ashley L. Pesek
Darcy Pettengill
Amy Rogers
Jessica Roux
Tina Sanders
Heather Levesque
Keith Steffen
Maya Dhari Amrit Swami
Anne Young

Departures

Best wishes to these staff who have left DHHS service.

Bruce Hanson
Deborah Henderson
Elsie Absher-Thomas
Mark Dominique
Patricia Ashland
Rhonda Jasper
Marguerite Hewes
Kenneth Reardon

Roger Lambert
Suzanne McIntyre
Theresa Crockett
Wendy Roberts
Audrey Forbes
Charles Phillips Jr.
Clifton Forbes
Crystal Small

Erich Muecke
Kelley Petrie
Kimberly Hammill
Michael Swain
Michael Perkins
Philip Clifford
Susan McAllister
Tammy Bosse

Karen Lea
Kim Letalien
Dorothy Elwell
Gregory Emerson
John Burns
Patty Matson
Joann Sica
Sheila Cole
Candace Gray

McIntire For Iraq

OMS Director and Staff Host Awards and Farewell Party

Eight o'clock in the morning is an odd time to throw a party, unless of course, you're headed off to Iraq. That's what Karen McIntire is doing and now you know why her colleagues at 442 Civic Center Drive threw a party for her—complete with coffee, bagels, home-made cake, and a long hand-made banner signed by dozens of her friends.



Karen McIntire Departs
for Iraq in June

Services (OMS) as supervisor of the pharmaceutical help desk - says that she expects to leave Maine on June 8th and be deployed, after a brief period of training stateside, to the northern Iraqi city of Mosul. There, she says, she'll work to save the lives of injured military and civilian personnel in an Army intensive care unit.

McIntire - an Augusta nurse who works within the Office of Maine Care

She is assigned with 56 other Maine Army Reservists who are all members of the Det. 1, Co. A, 399th Combat Support Hospital out of Auburn. Karen McIntire is a 24-year army veteran, says that she has

been a soldier all her life and that she'll miss her co-workers at OMS whom she called "my second family."

McIntire, who besides her work at OMS and in the United States Army Reserves, is a mother of three and a grandmother of two. She says that she expects to remain in Iraq a maximum of eighteen months and hopes to hear from her friends at OMS while serving in Iraq.



Karen McIntire, right, with OMS medical claims advisor Rose McAdams, who planned and organized the party.

Unsung Heroes

Since 2003, more than 20 DHHS employees have taken leave from work to serve the country in military action, and an unspecified number of staff have taken leaves of absence, personal or vacation leave to aid their fellow Americans who fell victims of natural disasters.



Deputy Commissioner J. Michael Hall, right, presents Karen McIntire with a plaque during her going away party.

(←Values, continued from front page)

respect. That's where our organizational values come into play.

You may recall that former Commissioner Nicholas invited any staff person to participate in a Foundational Values workshop, over the last year or so. At these



workshops, participants had an opportunity to consider what our core organizational values should be. After about 1,000 people went through these discussions, the following core values for DHHS were identified and adopted.

- Accountability
- Compassion
- Empathy
- Fairness
- Honesty,
- Integrity
- Responsibility
- Respect

Former Commissioner Nicholas had referred to these as values as the “bedrock ... upon which everything else will rest, defining how we work together to accomplish the organization’s goals.... what employees can expect on a daily basis for themselves and from their supervisors and colleagues.” These are the values we can count on to help us meet our higher level needs. Making a commitment to the stated and agreed upon foundational values is an intentional process that requires dialogue at all levels of the organization and an openness to feedback.

This list raises a number of questions:

1. How will we recognize when we are acting in accordance with these values? What will that look like?
2. When routinely practicing these values, how will DHHS be perceived differently by the public?

If staff do not act in accordance with these values, is it because we are truly

committed to a different set of unstated values, or is it simply a short-term response to daily work pressures?

In future newsletters, we will explore these questions by suggesting behaviors that define each of these values, and invite you to consider how these definitions apply to you. We will also describe the culture and the pressures that DHHS is presented with and how to maintain our organization’s credible commitment to these values.

